

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City (No.)

Registration District No. 789
Primary Registration District No. 603300

File No. 25021
Registered No. 230
St. Ward)

2. FULL NAME

Permelia E. Seckler
(a) Residence. No. Box 538, St. Louis Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel P. Seckler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 - 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 11 11-75

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

B. F. De Witt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) N. Y.

12. MAIDEN NAME OF MOTHER

Mrs. Harlow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14.

INFORMANT J. P. Seckler
(Address) 762 Harvard Ave

15.

FILED 7/16 1928 Wella Gray M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/16 1928

17. I HEREBY CERTIFY, That I attended deceased from 6/2/25 to 7/6/25 that I last saw him alive on 7/17/28 and that death occurred, on the date stated above, at 6:00 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic mit. regenerative
with endocarditis
1290
CONTRIBUTORY acute lymphangitis
(SECONDARY) heart with valvular
changes (duration) 2 wks

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —

19. DID AN OPERATION PRECEDE DEATH? No DATE OF —

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? all tests

(Signed) Chas Hugh Ferguson M.D. 7/15, 1928 (Address) Harvard Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem. DATE OF BURIAL July 6 1928

20. UNDERTAKER Ted M. Williams ADDRESS 461 Delmar

N. B.—Every item of information should be carefully supplied. AGB should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Nelson

ST. LOUIS

ST. LOUIS

ST. LOUIS

ST. LOUIS

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